

Surgeon General's Media Update

Jan. 18, 2007

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A new task force charged with looking at the future of military health care may help the Pentagon to do what it failed to do last year: convince an unreceptive Congress to increase some fees for Tricare users in order to keep the military medical system whole.

The Task Force on the Future of Military Healthcare, mandated by Congress, had its first substantive meeting Tuesday, during which its 14 members were briefed on the issues confronting the Defense Department's health care system.

Senior Pentagon officials gave the task force an earful. The prognosis for the health care system is grim, said David S.C. Chu, the Pentagon's personnel chief, unless higher fees — which would be aimed mostly at “working age” retirees, those under age 65 — aren't implemented, and soon.

The Pentagon is already trying to increase efficiencies within the system and implement better business practices to save money. But that won't do it alone, Chu told the group.

“It's our conclusions that the current business practices do not lead to a sustainable benefit over the long term,” he said.

If Congress doesn't allow the Pentagon to “rebalance” the ratio of costs paid by the department and by beneficiaries, and charge beneficiaries more for the services they use, then the health care that all military members and dependents receive will suffer, he said.

Last March, Chu said the percentage of health care costs covered by beneficiaries had shrunk from 27 percent in 1995 to a current level of about 12 percent.

At that time, the Pentagon was putting forth an ambitious program to fix the long-term viability of the Tricare program, considered by defense officials to be one of the best health care programs in the nation.

The thrust of the proposal was to increase some Tricare enrollment fees and deductibles for retirees under age 65. Defense officials argued that the fee structure has not been significantly changed in more than a decade — even as health care costs have consistently shot upward — and that the only way to continue offering a high level of service is to make those changes.

But the plan drew sharp criticism from both Republicans and Democrats on Capitol Hill, who did not want to tinker with fees, and the proposal was dropped.

Chu acknowledged that politics played a role in the Pentagon's failure to articulate its message properly, and that they had introduced the proposal at an already fractious time in national politics, as debate raged about the war in Iraq.

“There was a deep reluctance to make a change,” Chu said.

Pentagon officials won't acknowledge if they'll be back again with a similar proposal when President Bush's fiscal 2008 defense budget is released Feb. 5. But if so, the task force, which Chu said can play a role in building consensus on this and other issues, may help grease the

skids in Congress. For now, the group is simply learning the challenges facing the Pentagon, members said.

The group will meet again Feb. 6.

DOD mental health panel to meet GIs in Germany

01/18/07 – By Steve Mraz, Stars and Stripes European Edition

KAISERSLAUTERN, Germany — Mental health experts from a Department of Defense task force will be in Kaiserslautern later this month to hear from troops and their families.

The meeting is scheduled for 9:30 to 11 a.m. on Jan. 31 at Kaiserslautern's Vogelweh Community Center.

"Members want to hear from beneficiaries about all aspects of mental health care, including access, quality — even the stigma associated with seeking this care," according to a news release. "They are also interested in understanding how deployments impact children and spouses, and about care received from civilian practitioners."

The meeting is designed to foster frank discussions between servicemembers, their family members and the task force, the release stated. The forum is not open to the public or media.

Almost 20 percent of troops returning from Iraq have reported mental health problems, and 35 percent of Iraq war veterans accessed mental health services in the year after returning home, according to an article by Army doctors published in the March 1 edition of the Journal of the American Medical Association.

Congress directed the establishment of the 14-member task force as part of the National Defense Authorization Act for fiscal 2006.

The task force will submit a report to Defense Secretary Robert Gates in May that will include an assessment and recommendations for improving the effectiveness of mental health services provided to servicemembers, according to the release.

No later than six months after receiving the report, Gates will develop a plan based on the recommendations and submit it to Congress.

Those who may not wish to speak to the task force at the Kaiserslautern meeting or who are unable to attend can submit their comments to <http://www.ha.osd.mil/DHB/mhtf/submission.cfm>. For more information on the DOD mental health task force, visit <http://www.ha.osd.mil/DHB/mhtf/default.cfm>.

Scientists Recreate 1918 Flu and See Parallels to Bird Flu

01/18/07 - By Bloomberg News

Scientists infected monkeys with a virus that caused the 1918-19 influenza pandemic and said in the Jan. 18 issue of the journal Nature that it caused an illness like that suffered by patients with the bird flu now spreading in Asia.

Infection with a reconstructed version of the 1918 virus, known as the Spanish flu, incited a deadly chemical reaction in the laboratory animals, a group of scientists said in the magazine.

The group was led by Darwyn Kobasa, a researcher for the Public Health Agency of Canada in Winnipeg, Manitoba. Both the Spanish flu and H5N1 bird flu in Asia appear able to set off the reaction, the researchers said. Studying the Spanish flu virus's interaction with monkeys may help health officials prepare for a possible pandemic caused by H5N1.

"We see responses that are similar between humans infected with H5N1 and nonhuman primates infected with the 1918 virus," said Yoshihiro Kawaoka, a virologist at the University of Wisconsin in Madison. "By studying this model in detail, we may learn to cope with those immune responses."

The 1918 flu may have killed as many as 50 million people, about 2 percent of those infected. Researchers say the outbreak started as a bird virus, until genetic changes enabled it to spread in people.

Similar mutations may allow H5N1 to set off a pandemic, researchers say. The bird flu has infected 267 people, mostly poultry workers or keepers in Asia, and killed 161 of them since late 2003, according to data compiled by the World Health Organization.

While the study points to an immune response as a probable cause for the destructiveness of the 1918 flu, researchers are still learning about the virus, said Michael Katze, a microbiologist at the National Primate Research Center at the University of Washington in Seattle.

"We know very little about why these viruses are so lethal," Dr. Katze said.

Research has shown that H5N1 kills mice, causing the same kind of chemical reaction, called a cytokine storm, seen in the monkeys. Many other flu viruses are also fatal in mice, and the researchers said it was important to conduct studies in primates.

In 2005, Army scientists reported that they had reconstructed the Spanish flu virus by extracting genetic fragments from the bodies of victims exhumed from the Alaskan permafrost. American and Canadian researchers compared the effects of the virus on monkeys with those of seasonal flus.

The 1918 virus grew faster and spread more widely in the monkeys than the other viruses. While the immune reaction to the seasonal viruses abated after a few days, the response in monkeys with Spanish flu persisted, damaging tissues and impairing lung function, the study said.

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"In the event of an influenza pandemic, a vaccine that uses adjuvant could provide a way to extend a limited vaccine supply to more people," Secretary Leavitt said. "These contracts are a continuation of our aggressive multi-pronged approach to a potentially critical public health challenge."

The Department has awarded five-year contracts to GlaxoSmithKline for \$63.3 million and to Novartis Vaccines and Diagnostics, Inc. for \$54.8 million. In addition, HHS is funding IOMAI Corporation for \$14.4 million for 15 months to complete Phase 1 clinical trials of their candidate vaccine. IOMAI may receive an additional \$114 million in funding upon successful completion of the Phase 1 trials. Phase I trials are the first stage of testing in people and normally include a small (usually less than 100) group of healthy volunteers. Overall the three contracts support advanced development work through Phase 3 clinical trials in the U.S. that are aimed at obtaining U.S. licensure for the product. In addition, the contracts support the establishment of U.S.-based manufacturing capabilities.

Under the contracts each company will build up its capacity to produce within six months after the onset of an influenza pandemic either 150 million doses of an adjuvant-based pandemic influenza vaccine or enough adjuvant for 150 million doses of a pandemic influenza vaccine. In addition to supporting the development of each company's antigen-sparing vaccine candidate, the contracts also require each company to provide its proprietary adjuvant for U.S. Government-sponsored, independent evaluation with influenza vaccines from other manufacturers.

Initial clinical studies of H5N1 vaccine in humans have shown that two 90-microgram doses of the vaccine are required to stimulate a level of immune response that researchers anticipate would provide protection for an individual against the H5N1 strains that have been spreading among birds in Asia. However, the addition of adjuvant to these candidate vaccines may reduce the amount of antigen (active ingredient) per dose needed to achieve effective individual protection.

HHS' effort to pursue adjuvant-based vaccine is part of a broader effort by the department to accelerate the development and production of new technologies for influenza vaccines within the U.S. For example, in May 2006 HHS announced a \$1 billion investment to support the advanced development of cell-based production technologies for influenza vaccines and will help to modernize and strengthen the nation's influenza vaccine production by creating an alternative to producing influenza vaccines in eggs.

The H5N1 strain of avian flu has spread to more than 40 countries and has led to the deaths of hundreds of millions of additional birds, which has heightened concern about the possibility of a human flu pandemic. Furthermore, the number of avian flu cases in humans has reached more than 260 cases in 10 countries. More than half of those persons infected have died. To date, H5N1 avian influenza has remained primarily an animal disease, but should the virus acquire the ability for sustained transmission among humans, the potential for an influenza pandemic would have grave consequences for global public health.

More information on pandemic preparedness including information on vaccines can be found online at <http://www.pandemicflu.gov/vaccine/index.html>.

Va. considers requiring girls to get HPV vaccine

01/18/07 - By Elizabeth Simpson, The Virginian-Pilot

Virginia could become one of the first states to require parents to either get their middle-school daughters vaccinated against viruses that can cause cervical cancer or apply for an exemption.

Del. Phillip Hamilton, R-Newport News, has introduced a bill that would add the human papillomavirus vaccine to the list of immunizations needed for school attendance.

Hamilton said pharmaceutical company representatives approached him about submitting the bill, probably because he chairs the House Committee on Health, Welfare and Institutions. Drug companies have been among the largest contributors to Hamilton's election campaigns.

The House panel is scheduled to review HB1914 on Tuesday.

Under Hamilton's bill, the first of the three-dose vaccine series - which protects against a sexually transmitted disease - would need to be taken before girls' entry into middle school.

Although health providers have hailed the vaccine as a major breakthrough in the prevention of cervical cancer, there has been an undercurrent of concern about young girls being vaccinated against a sexually transmitted disease.

Hamilton said parents who objected to their daughters having the vaccine would be exempted from the requirement if they reviewed material about the vaccine and filled out a form. Children also could be exempted by parents and guardians for religious or medical reasons. The requirement would take effect in September 2008.

"As soon as I heard about the possibilities of it reducing the incidence of cancer, it was an easy decision" to introduce the bill, Hamilton said Wednesday.

The vaccine was approved by the Food and Drug Administration last summer and is being recommended for girls and young women by the national Centers for Disease Control and Prevention. A representative of the committee that studies infectious diseases for the American Academy of Pediatrics, however, said it's premature for states to mandate the vaccination. Virginia is one of 10 states considering proposals involving the vaccine, according to the National Conference of State Legislatures.

Dr. Joseph Bocchini, a Louisiana doctor who chairs the pediatrics academy's infectious-disease committee, said that the organization has joined in recommending the vaccine. However, he said that before it's made mandatory, parents need to be properly educated about the vaccine and steps must be taken to make sure girls and women of all incomes have access to it. He said that some insurance companies are still not covering the vaccine, which costs about \$360 to fully administer.

The vaccine wards against four human papillomavirus strains, which are sexually transmitted and can lead to cervical cancer. Nearly 10,000 new cases of cervical cancer are diagnosed each year in the United States, and 3,700 women die from the cancer annually.

The District of Columbia Council proposed a similar bill earlier this month. Mandatory vaccinations also were proposed in a Michigan bill last fall, but it did not pass.

A representative for the conservative-leaning The Family Foundation office in Virginia said the group is not taking a stance on the Virginia bill.

Dr. David Matson, a local infectious-disease pediatrician and researcher, said the vaccine works best in young girls who have not started sexual activity, and that the more widespread the delivery of the vaccine, the better the impact on public health.

"We get our best outcomes when these vaccines are universally administered," said Matson, who added that he was speaking for himself, and not for the medical institution he is affiliated with, Eastern Virginia Medical School.

He said some parents have been put off, though, by the idea of taking girls as young as 9 in for a vaccine that protects against a sexually transmitted disease.

It's not the first vaccine that wards against such a disease. Hepatitis B, which is already included in Virginia's schedule of required immunizations, also can be sexually transmitted, though there are other ways of transmission as well.

Pediatricians at local practices affiliated with Children's Hospital of The King's Daughters say they have been talking with patients and their families about the vaccine since the CDC began recommending it last year.

Dr. Dominique Barkley, a pediatrician with Chesapeake Pediatrics, said about half of the families of her patients who are 13 and older want their daughters to have the vaccine. The others say they want to have a family discussion about the idea first.

Barkley said families of girls ages 9 to 13 are less receptive. "About one-third of them respectfully decline until their child is older," she said.

Barkley said some of her young female patients have heard about the vaccine - called Gardasil - through advertisements on television. Merck & Co. produces Gardasil. GlaxoSmithKline makes a vaccine candidate called Cervarix that could eventually compete with Merck's.

Barkley said most insurance companies have been covering the cost, particularly since the American Academy of Pediatrics added it to its recommended vaccines early this month. She said the CHKD-affiliated practice in Chesapeake has been giving about 60 doses a month since last fall.

Barkley said she has not reviewed Hamilton's bill and did not want to comment specifically about it.

Barbara Loe Fisher, president of a Virginia-based organization called the National Vaccine Information Center, said that group was established to help prevent injuries from vaccines and to make sure parents are fully informed about vaccinations. According to the organization, parents, not legislative bodies, generally should make decisions about their children's health.

Fisher said she thinks this vaccine differs from those that protect against diseases such as whooping cough and measles in that the human papillomavirus is not "easily transmittable" in a school environment.

Some Michigan legislators raised the same objection when a bill was proposed making the vaccine mandatory in that state. Some lawmakers said the vaccine did not hold the same urgency as a vaccine against diseases that can spread quickly from more casual contact, such as polio, measles and mumps.

Fisher said if states do move forward with such measures, parents should be allowed ways to "opt out" their children, not just for medical and religious reasons, but because they object to having their children receive a vaccine that protects against a sexually transmitted disease.